								Application or Docket Number				
	PATENT A	PPLICATIO Effect	RD	10/014-885								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	MALLEI	VTITY	OR	OTHER SMALL	
TOTAL CLAIMS			24				Γ	RATE	/ FEE		RATE	FEÉ
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		*	4		X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			/ minus 3 =		*	/		X42=		OR	X84=	1
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				r	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										,,,	OTHER	THAN
		(Column 1)	(Colu			(Column 3) SMA		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	· 23	Minus	** 6	24_	= /		X\$ 9=		OR	X\$18=	
ME	Independent	* 3	Minus	***	3	= /		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						╵┠	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	J
(Column 1) (Column 2) (Column 3)											ADDII. FEE	
<u></u>		CLAIMS		HIG	HEST MBER		lг		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	PREV	YIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9=	,,,,,,	OR	X\$18=	
	Independent	*	Minus	***		=	1 H	X42=	 	OR	V04	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
:	,							+140= TOTAL		OR	TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS			umn 2) HEST	(Column 3)	, _			-		
AMENDMENT C		REMAINING AFTER AMENDMENT		NU PRE\	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	」 「	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┧┟	X42=		OR	X84=	
إل	FIRST PRESENTATION OF MULTIPLE DEF			PENDE	NT CLAIN		┚┞	. 1.40 -	1	OR		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTA	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOH ADD											
	The "Highest Nur	mber Previously P	aid For* (Total o	or Indepe	ndent) is th	e highest numb	er fou	nd in the a	ppropriate b	ox in c	column 1.	